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New Hampshire Department of Health and Human Services
Recommendations for Use of Influenza Vaccine

December 8, 2003

General Information:

The following recommendations are for use by New Hampshire health care providers evaluating patients for influenza (flu) vaccination. These recommendations are based on the most recent information available from the Centers for Disease Control and Prevention (CDC). Further information about influenza are available at the New Hampshire Department of Health and Human Services (NH DHHS) Web Site at <http://www.dhhs.state.nh.us> and at the CDC website at <http://www.cdc.gov/ncidod/diseases/flu/index.htm> and <http://www.cdc.gov/nip/flu/default.htm>

Update:

Recently, the federal Centers for Disease Control and Prevention (CDC) reported that most available flu vaccine supplies have now been distributed to doctors, clinics, health departments and other providers, but that this is not unusual for this time of year. In response to strong continued consumer demand for influenza vaccine, the CDC is working with vaccine manufacturers, state health departments, medical professionals, and others to assess the status of the current flu vaccine supply in the United States.

In response to this report, the NH DHHS is assessing the situation in New Hampshire and formulating plans for optimal use of the supply remaining. As a first step, the NH DHHS is recommending that health care providers assess their own vaccine stocks and begin to **preferentially vaccinate persons in the traditional high-risk populations:**

High-risk individuals who should be vaccinated against influenza include:

- persons 50 years and older;
- residents of nursing homes and other long-term care facilities that house persons of any age who have long-term illnesses;
- persons 6 months of age and older who have chronic heart or lung conditions, including asthma;
- persons 6 months of age and older who need regular medical care or had to be in a hospital because of metabolic diseases (like diabetes), chronic kidney disease, or weakened immune system (including immune system problems caused by medicine or by infection with HIV/AIDS);
- children and teenagers 6 months to 18 years who are on long-term aspirin therapy and therefore could develop Reye syndrome after the flu; and
- women who will be more than 3 months pregnant during the flu season.

In accordance with CDC guidelines, DHHS also recommends the following groups of people be vaccinated **to prevent spreading flu to individuals at high risk of complications** from flu:

- doctors, nurses, and other employees in hospitals and doctors' offices, including emergency response workers;
- employees of nursing homes and long-term care facilities who have contact with patients or residents;
- employees of assisted living and other residences for people in high-risk groups;
- people who provide home care to those in high-risk groups; and
- household members (including children) of people in high-risk groups.

Healthy persons ages 5 to 49 who are not in the above risk populations, but are seeking the flu vaccine may be candidates to receive the new nasal flu vaccine mist, which may not be suitable for many of those in high risk categories. Healthy people who are household contacts should not get the flu mist vaccine.

The CDC has previously released an alert warning state health agencies that the flu season may be particularly severe this year.

Besides prevention with vaccine, clinicians should be prepared to provide prophylaxis or treat cases of disease with one of the four licensed drugs for influenza treatment. These antiviral medications including amantadine (Symmetrel®), rimantadine (Flumadine®), zanamivir (Relenza®), and oseltamivir (Tamiflu®) differ in their indications, pharmacokinetics, side effects, routes of administration, approved age groups, dosages and costs (See table below). When given early in the course of an illness, these medications may significantly reduce the duration and severity of flu infection and may be particularly useful in high-risk persons or institutional settings.

Comparison of Antiviral Drugs for Influenza Table					
Drug	Trade Name	Influenza Virus Type	Approved Use	Treatment Age	Prevention Age
amantadine	Symmetrel®	A	Treatment and Prevention	≥1 year	≥1 year
rimantadine	Flumadine®	A	Treatment and Prevention	Adults	≥1 year
zanamivir	Relenza®	A and B	Treatment	≥7 years	n/a
oseltamivir	Tamiflu®	A and B	Treatment and Prevention	≥1 year	≥13 years

Additionally, New Hampshire health care providers should emphasize influenza prevention and control strategies. As with any airborne respiratory illness, families can protect themselves and others through simple measures that limit spread of the virus. These practical steps include:

- Ask parents to keep children with febrile illness home from school until they are no longer contagious. Maximum communicability occurs 1-2 days before onset to 4-5 days after.
- Ask adults with influenza-like symptoms to stay home from work and other social activities.

- Encourage adults to remember that although they themselves may not be medically at risk of complications, others are, and they should make an effort to limit spread of the virus.
- Special care should be taken to avoid exposing infants, young children and the elderly to the disease.
- Good personal hygiene can help: teach children to cover their mouths when they cough and to wash hands well with soap.

**Please call the Communicable Disease Program with any questions. Persons are available
24 hours per day, 7 days per week**

**During business hours, please call one of the following numbers: 1 800 852-3345 x 4496 or
(603) 271-4496**

**After hours, please call the New Hampshire State Hospital Switchboard at 1 800 852-3345 x
5300 or (603) 271-5300.**